

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 04/20/05

LSUPP

105061

1. NAME Guidroz Celeste II
Last First MI

2. BUSINESS PHONE 225-344-8036

3. BUSINESS ADDRESS One American Place, Suite 1170 Baton Rouge, LA 70825

Street and No. City State Zip
Same

MAILING ADDRESS F. M. Hood & Associates
Street and No. City State Zip

4. EMPLOYER F. M. Hood & Associates

5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LA Independent Oil & Gas Association
Address P.O. Box 4069 Baton Rouge, LA 70821

Business or purpose Oil & Gas

☒ New Representation yes
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

2005 APR 27 PM 1:02

ETHICS REGISTRATION
CAMPAIGN FINANCE
RECEIVED

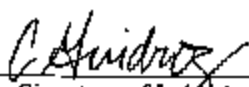
SUPPLEMENTAL REGISTRATION FORM



2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist